MATERIAL SAFETY DATA SHEET
For chemicals, coatings and related materials

DATE:	SUPERSEDES	PREPARED BY:
March 9, 1994	March 3, 1989	Mark Horton, (612) 496-6027

Manufacturer

NAME: ChemRex, Inc. ADDRESS: Contech Brands ADDRESS: 889 Valley Park Drive ADDRESS: Shakopee, MN ZIP CODE: 55379	EMERGENCY PHONE NUMBER DAY: (612)-496-6000 NIGHT: CHEMTREC (800)-424-9300 INFORMATION PHONE NUMBER (612)-496-6000

Distributor

NAME:
ADDRESS:
ADDRESS:
ADDRESS:
ADDRESS: PHONE:

Section I - Product

NUMBER: 79-182	HMIS Hazard Codes Health: 2 Moderate Flammability: 1 slight Reactivity: 0 Minimal Personal Protective Equipment: G
NAME: Non-flammable FORMICA® Brand Contact Adhesive CLASS: Adhesive CAS NUMBER: none - mix	

you need this form to fill out

NOTE: Preexisting respiratory or skin condition(s) may be aggravated by exposure. Acute and chronic liver disease and rhythm disorders of the heart may be aggravated by exposure.

NOTE TO PHYSICIAN: Never give adrenalin to a person overexposed to 1,1,1-trichloroethane.

CHRONIC OVEREXPOSURE INFORMATION:

1] This product contains diethylene ether [1,4-dioxane]. Repeated exposure to dioxane by skin contact or inhalation can lead to kidney and liver damage. IARC and NTP have listed dioxane as a suspect carcinogen.

2] No other known components of this product are listed as known or suspected carcinogens per NIOSH,NTP, IARC, or OSHA.

3) This product contains solvents. Reports associate repeated and prolonged occupational overexposure to solvents with permanent brain and nervous system damage. Reports also indicate that solvents cause liver damage, kidney damage, and mucous membrane irritation. Be warned that intentional misuse of this product by deliberately inhaling the vapors and/or the contents [a process often called "sniffing"] may be harmful or fatal.

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: Any pre-existing respiratory or skin condition.

EMERGENCY AND FIRST AID PROCEDURES:

EYES:	Flush the eyes with plenty of water for at least 15 minutes. If necessary, gently hold the eyelids open during the flush. Obtain immediate medical attention.
SKIN:	Remove contaminated clothing and shoes. Wash affected area(s) thoroughly with soap and water. If symptom persist, get medical attention.
INHALATION:	Move the victim into fresh air. If the victim has difficulty breathing, administer oxygen. Administer artificial respiration if the victim is not breathing. Obtain immediate medical attention.
INGESTION:	Obtain immediate medical attention. Do not induce vomiting. Should vomiting occur, be sure to keep victim's head below hips to avoid aspiration of vomitus into the lungs.

46a

[illegible] ription	Percent by Weight	C.A.S. Registry Number	LEL	[mm Hg at 20 deg C]
1,1,1-trichloroethane*	60-100	71-55-6	7	100
Diethylene ether*	1-5	123-91-1	2	35
Nitromethane	0.1-1	75-52-5	7	27
1,2-butylene oxide*	0.1-1	106-88-7	3	176
* Reportable under SARA Title 313, Section III				

Section III - Physical Data

Boiling Range:	>165 deg F	Freezing Point:	no data
Vapor Pressure:	100 mm Hg @ 77 deg F	Vapor Density:	Heavier than air
Specific Gravity:	1.31	H2O Soluble:	slight [<0.1 %]
Evaporation Rate(relative to n-butyl acetate)	Slower	% Volatile by Volume:	85-90
pH:	Not applicable	Odor Threshold:	no data
Appearance and Odor:	Amber medium syrup	sweetish odor	

Section IV - Fire and Explosion Hazard Data

FLASH POINT: (Method Used)	Does not flash[TCC, Setaflash]	EXPLOSIVE LIMITS: LEL (%V in air) UEL	7.5 15
AUTOIGNITION TEMP:	no data	METHOD:	N/A
OSHA FLAMMABILITY CLASSIFICATION		Not regulated	

PENDAD 800-631-6989
DEPOSITION EXHIBIT 4

45a

Non-flammable Formica® brand contact adhesive

Section IV - Fire and Explosion Hazard Data

EXTINGUISHING MEDIA:	Water Spray (Fog), Foam, Dry Chemical or Carbon Dioxide.		
SPECIAL FIRE FIGHTING PROCEDURES	Fire Fighters must wear self contained breathing apparatus or air masks.	Containers exposed to fire should be kept cool with water spray.	Water stream directed into fire may causing frothing and subsequent spread of fire.
UNUSUAL FIRE AND EXPLOSION HAZARDS:	Closed containers may explode due to build up of pressure when exposed to heat.	Thermal decomposition or combustion of product may generate irritating and/or toxic gases.	Remove sources of ignition.

Section V - Toxicological Information

Ingredient Material Description	PEL [mg/m3]	TLV STEL [mg/m3]	TLV[twa]		LD50 [mg/kg]		LC50 [ppm] Rat INHAL
			mg/m3	ppm	RAT [oral]	RABBIT [dermal]	
1,1,1-trichloroethane	350 ppm	450 ppm	N/A	350	No data	No data	No data
Diethylene ether	25 ppm*	N/A	N/A	25*	No data	7600	No data
nitromethane	100 ppm	Not listed	250	100	No data	No data	No data
1,2-butylene oxide	Not listed	Not listed	Not listed	Not listed	No data	No data	No data
	* Skin contact						

Section VI - Health Hazard Data and Emergency/first Aid Procedures

THRESHOLD LIMIT VALUES: See Section V

ACUTE OVEREXPOSURE INFORMATION

EYES: Severe irritant. May cause tearing, reddening of the eyes and reversible corneal injury.

SKIN: Moderate irritant. May cause dermatitis and allergic responses.

[illegible]

KEEP OUT OF REACH OF CHILDREN	USE ONLY WITH ADEQUATE VENTILATION

Section XI - Regulatory Data

VOC CONTENT: 229.8 g/L, excluding water and exempt compounds.

CALIFORNIA PROPOSITION 65:

This product contains diethylene ether [1,4-dioxane], a substance listed by the State of California as known to cause cancer.

TRANSPORTATION

	DOT	UN
HAZARD CLASS :	Poisonous material	Poisonous material
UN/NA NUMBER :	UN 2831	UN 2831
SHIPPING NAME:	1,1,1-trichloroethane solution	1,1,1-trichloroethane solution
PLACARD AT	1000	N/A
CLASS NUMBER :	6.1	AIR: 6.1 MARINE: 6.1
SUBSID. RISK :	N/A	AIR: N/A MARINE: N/A
PACKING GROUP:	III	AIR: III MARINE: III

REPORTING

CERCLA REPORTABLE QUANTITY: 1185 lbs. AS WASTE: None

SARA SECTION 304 EMERGENCY RESPONSE REPORTABLE QUANTITY: 1185 lbs

SARA SECTION 311/312 INVENTORY REPORTING (Y/N): Y

SARA SECTION 311/312 HAZARD CLASS(ES): Acute and chronic health hazard.

SARA SECTION 313 ROUTINE RELEASE REPORTING CHEMICALS: 1,1,1-trichloroethane, 84.4%; 1,4-dioxane, 2.2%, 1,2-butylene oxide, 0.4%

COMPONENTS ON TSCA INVENTORY (Y/N): Y

47a

Section VII - Reactivity Data

STABILITY: Stable

STABILITY CONDITIONS TO AVOID: Sources of ignition. Long term exposure to elevated temperatures.

INCOMPATIBILITY (MATERIALS TO AVOID CONTACT WITH): strong oxidants, strong bases or acids. Aluminum and/or zinc.

HAZARDOUS DECOMPOSITION PRODUCTS: Oxides of carbon, hydrogen and chlorine gas, other acrid and toxic fumes.

HAZARDOUS POLYMERIZATION:will not occur.

Section VII - Spill or Leak Procedures

STEPS FOR MATERIAL SPILLAGE:

Ventilate the area and remove all sources of ignition. Evacuate unnecessary personnel. Wipe up small spills with rags or towels. Put spent rags or towels in loosely covered containers in a well-ventilated area. Large spills should be handled carefully. Put on respiratory protection. Dike or impound spilled liquid. Cover the spill with absorbent compound [e.g., vermiculite, clay, or sand]. Use non-sparking tools to sweep or shovel into containers. Cover loosely and remove to a well-ventilated waste area. Repeat sorbent/sweep cycle until the spill has dried up. Rinse the spill area thoroughly with water. Flush the rinsings to the sanitary sewer or soak them up with absorbent material. Do not discharge undiluted product to the sanitary sewer. Do not discharge the product or cleanup wastes to lakes, streams, ponds, or sewer. Avoid contact with eyes and skin.

WASTE DISPOSAL METHODS:

Review all local, state, and federal regulations concerning health and pollution for appropriate disposal procedures. Do not incinerate closed containers.

Section IX - Special Protection Information

RESPIRATORY PROTECTION: Wear NIOSH/MSHA approved respiratory protection when the product is mixed or applied in a poorly ventilated area or if workplace levels of ingredients exceed the TLV. Follow applicable federal, state, and local regulations.

VENTILATION: Use local exhaust [e.g., open windows, fans] as needed to keep vapor/dust levels below recommended limits.

PROTECTIVE EQUIPMENT: Wear gloves [Natural rubber, supported PVA, or nitrile], eye goggles, and clean protective clothing to cover arms and legs and keep exposure to a minimum.

Section X - Special Precautions

HANDLING AND STORAGE PRECAUTIONS

DO NOT BREATHE VAPORS. DO NOT TAKE INTERNALLY

..... Non-flammable FORMICA® Brand Contact Adhesive , 79-182, Page 4

489

Section XI - Regulatory Data

DISPOSAL

EPA RCRA WASTE CLASS: Not regulated

EPA RCRA WASTE NUMBER: Not regulated

CALIFORNIA LIST LAND BAN (Y/N): N

ABBREVIATIONS USED:

N/A = Information or data Not Available, NTP = National Toxicology Program,
IARC = International Agency for Research on Cancer, NIOSH = National Institute of Occupational Safety and Health,
ACGIH = American Conference of Governmental Industrial Hygienists, OSHA = Occupational Safety and Health Administration,
PEL = Permissible Exposure Limit (8-hr. TWA) (OSHA), TLV = Threshold Limit Value (8-hr. TWA) (ACGIH),
STEL = Short Term Exposure Limit (15-min TWA) (OSHA), C = Ceiling Value.

DISCLAIMER

This information is furnished without warranty, representation, or license of any kind, except that this information is accurate to the best of ChemRex's knowledge, or is obtained from sources believed by ChemRex to be accurate. No warranty is expressed or implied regarding the accuracy of this information or the results to be obtained from its use thereof. ChemRex assumes no responsibility for injuries proximately caused by use of the Material if reasonable safety procedures are not followed as stipulated in this Data Sheet. Additionally, ChemRex assumes no responsibility for injuries proximately caused by abnormal use of the Material even if reasonable safety procedures are followed. Buyer assumes the risk in its use of the Material.

REASON FOR REVISION: Complete review	REISSUE REQD: Y

accomplished by means of comprehensive hazard communication programs, which are to include container labeling and other forms of warning, material safety data sheets and employee training.

..1910.1200(a)(2)

(a)(2)

This occupational safety and health standard is intended to address comprehensively the issue of evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, and to preempt any legal requirements of a state, or political subdivision of a state, pertaining to this subject. Evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, may include, for example, but is not limited to, provisions for: developing and maintaining a written hazard communication program for the workplace, including lists of hazardous chemicals present; labeling of containers of chemicals in the workplace, as well as of containers of chemicals being shipped to other workplaces; preparation and distribution of material safety data sheets to employees and downstream employers; and development and implementation of employee training programs regarding hazards of chemicals and protective measures. Under section 18 of the Act, no state or political subdivision of a state may adopt or enforce, through any court or agency, any requirement relating to the issue addressed by this Federal standard, except pursuant to a Federally-approved state plan.

9

OSHA Regulations (Standards - 29 CFR)
Hazard Communication. - 1910.1200

OSHA Regulations (Standards - 29 CFR) - Table of Contents

- **Standard Number:** 1910.1200
- **Standard Title:** Hazard Communication.
- **SubPart Number:** Z
- **SubPart Title:** Toxic and Hazardous Substances
- **Applicable Standard:** Applicable Standard:

Interpretation(s)

(a)

"Purpose."

(a)(1)

Complaint	075010371	03/01/1996	Yes

	Violation Summary					
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	4			1		5
Current Violations				2		2
Initial Penalty	7000.00					7000.00
Current Penalty	500.00					500.00
FTA Amount						

Violation Items

	ID	Type	Standard	Issuance	Abate	Curr$	Init$	Fta$	Contest	Lastl
Deleted	1 01001A	Serious	19100178 P01	04/02/1996	04/15/1996	1500.00	1500.00	0.00		I-Informal
	2 01001B	Other	19100178 A06	04/02/1996	04/15/1996	0.00	0.00	0.00		I-Informal
Deleted	3 01002A	Serious	19101200 B04 II	04/02/1996	04/15/1996	1500.00	1500.00	0.00		I-Informal
Deleted	4 01002B	Serious	19101200 F05 I	04/02/1996	04/08/1996	0.00	0.00	0.00		I-Informal
Deleted	5 01003A	Serious	19100030 A03	04/02/1996	04/15/1996	1500.00	1500.00	0.00		I-Informal
	6 01003B	Serious	19100178 N11	04/02/1996	04/15/1996	500.00	0.00	0.00		I-Informal
	7 01004	Other	19100178 L	04/02/1996	05/31/1996	0.00	2500.00	0.00		I-Informal
	8 02001	Other	19101030 G02 VIII	04/02/1996	04/15/1996	0.00	0.00	0.00		

U.S. Department of Labor
Occupational Safety & Health Administration

Establishment Search Inspection Detail – Public View

Definitions

Inspection: 122677255 - Cf Motor Freight, Inc.

Inspection Information - Office: Pittsburgh
Nr: 122677255 Report ID: 0317500 Open: 03/06/1996
Cf Motor Freight, Inc. 73 Mccandless Avenue Pittsburgh , PA 15201 Union Status: Union SIC: 4231/Trucking Terminal Facilities
Inspection Type: Complaint Scope: Partial Advance Notice: N Ownership: Private Safety/Health: Health Close Conference: 03/19/1996

12

Citation 1 Item 2b Type of Violation: Serious

29 CFR 1910.1200(f)(3): Chemical manufacturers, importers, distributors did not ensure that each container of hazardous chemicals leaving the workplace was labeled, tagged or marked with the identity of the hazardous chemical(s) contained therein:

a) Dock Area: The employer transferred damaged hazardous chemical products to 55 gallon drum without labeling the drum for it contents according to 1910.1200(f)(1).

Leak

Date By Which Violation Must be Abated: 04/08/96

13

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 122677255
Inspection Dates: 03/06/96 - 03/19/96
Issuance Date: 04/02/96

Citation and Notification of Penalty

Company Name: C & F Motor Freight Inc.
Inspection Site: 73 McCandless Avenue, Pittsburgh, PA 15201

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for illness.

Citation 1 Item 2a Type of Violation: Serious

29 CFR 1910.1200(b)(4)(ii): In work operations where employees only handle chemicals in sealed containers which are not opened under normal conditions of use, the employer did not maintain copies of any material safety data sheets that were received with incoming shipments of the sealed containers of hazardous chemicals:

a) Facility: Employer did not maintain copies of the Material Safety Data Sheets for all chemicals that are received into the dock area such as glues containing 111-trichloroethane, cleaners containing sodium hydroxide or transporting hazardous chemicals from local chemical companies.

Date By Which Violation Must be Abated: 04/15/96

The Hazardous Substance Survey Form (HSSF) provides an inventory of the hazardous substances found in the workplace during the prior calendar year. All employers must complete a workplace HSSF annually. Public sector employers and private sector employers not covered by OSHA must post the HSSF prominently in the workplace and must provide a copy to any employee upon request.

Work Area List:

The Work Area List names the hazardous substances used or produced in a specific work area in the workplace. Public sector employers and private sector employers not covered by the OSHA Hazard Communication Standard must update a Work Area List at least annually, must provide a copy to any employee of the work area upon request, and must offer a copy to any employee newly assigned to that work area.

Material Safety Data Sheet:

The Material Safety Data Sheet (MSDS) provides detailed information about a hazardous substance. In public sector workplaces and private sector workplaces not covered by the OSHA Hazard Communication Standard, an MSDS must be accessible in the work area where the hazardous substance it describes is used. MSDSs must be readily available to employees without the intervention or permission of management or supervisors, and any employee may obtain and examine an MSDS for any hazardous substance in the workplace. If an employee's request to obtain a copy of an MSDS is made to the employer in writing and, after five working days from the date the request is made, the employer fails to furnish the employee with an MSDS in the employer's possession or fails to provide the employee with proof of the employer's effort to obtain the requested MSDS from the manufacturer, importer, supplier or distributor and from the Department of Labor and Industry, the requesting employee may refuse to work with the substance.

PSF-4 REV 4-04

contents.

Health and Exposure Records:

Public sector employers and private sector employers not covered by the OSHA Hazard Communication Standard must maintain and allow employee access to records of employee chemical exposure to the extent required by OSHA (under 29 CFR 1910.1200) or by the Mine Safety Health Administration (under 30 CFR 70.210 and 71.210).

Non-discrimination:

If a public sector employee or an employee of a private sector workplace not covered by the OSHA Hazard Communication Standard believes that he or she has been discharged, disciplined or discriminated against by an employer for exercising his or her rights granted under the Pennsylvania Worker and Community Right to Know Act, that employee has 180 days from the date of the alleged violation to file a written complaint with the Department of Labor and Industry, Bureau of PENNSAFE.

Commonwealth of Pennsylvania
Edward G. Rendell, Governor

Department of Labor and Industry
Stephen M. Schmerin, Secretary

PENNSYLVANIA WORKER AND COMMUNITY RIGHT TO KNOW ACT

EMPLOYEE WORKPLACE NOTICE

PUBLIC SECTOR

The Pennsylvania Worker and Community Right to Know Act requires that information about hazardous substances in the workplace and in the environment is available to public sector employees and employees of private sector workplaces not covered by the Federal Occupational Safety and Health Administration (OSHA) Hazard Communication Standard and to all persons living or working in the state. Employee rights listed below are further defined in the Worker and Community Right to Know Act (P.L. 734, No. 159) and Regulations. For additional information, contact the Department of Labor and Industry, Bureau of PENNSAFE, Room 155-E, Seventh and Forster Streets, Harrisburg, Pennsylvania 17120; (717) 783-2071; FAX (717) 783-5099; li-pennsafe@state.pa.us (e-mail).

Employee Workplace Notice:

Public sector employers (including state and local government agencies and public schools and public universities) and private sector employers not covered by the OSHA Hazard Communication Standard must post this notice informing employees of their rights under the law. This notice must be posted prominently in the workplace at a location where employee notices are normally posted.

Training:

Public sector employers and private sector employers not covered by the OSHA Hazard Communication Standard must provide an annual education and training program to employees exposed to hazardous substances. The training program may be presented either in written form or in training

Environmental Hazard Survey Form:

The Environmental Hazard Survey Form (EHSF) provides information about any environmental hazards emitted, discharged or disposed of from the workplace. All employers are required to complete an EHSF when and if requested to do so by the Department of Labor and Industry. If an EHSF has been completed by a public sector employer or a private sector employer not covered by the OSHA Hazard Communication Standard, a copy must be provided to any employee upon request.

Labeling:

All containers and ports of pipelines of hazardous and non-hazardous substances in public sector workplaces and private sector workplaces not covered by the OSHA Hazard Communication Standard must be properly labeled. Employers must ensure that each label, sign, placard or other

I am writing with regard to your Petition for Allowance of Appeal to the Supreme Court in the above-referenced matter. We have indulged your client's appeal in this matter for quite some time. My client has now asked our office to take more aggressive steps to bring this matter to a conclusion. The first step would include a request for the imposition of counsel fees pursuant to Pennsylvania Rules of Appellant Procedure 2744.

As a matter of law, this is a frivolous appeal. As you know, the Claimant bears the burden of proof on a Claim Petition. Claimant is required to meet that burden by presentation of unequivocal expert medical testimony. The WCJ found that Claimant's medical expert submitted in the original petition, Dr. Nellhaus, was equivocal a matter of law. October 15, 1997, WC Op., p. 3. The Judge's credibility determinations cannot be overturned on appeal.

My client has expressed great concern over the baseless allegations of fraud. If you persist in those allegations of fraud, my client is requesting that we file a report to the Disciplinary Board for violation of Rule 3.1, which requires counsel to assert a genuine issue in good faith. Counsel will not raise an issue unless there is a basis for doing so that is not frivolous. Further, this was a Claim Petition for workers' compensation benefits, and allegations of fraud are not applicable in this context.

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† Certified as a Civil Trial Advocate by the National Board of Trial Advocacy
A Pennsylvania Supreme Court Accredited Agency

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**also admitted in New Jersey.*

Telephone: (717) 230-9201
Fax: (717) 230-9202
E-mail: sharris@frpclaw.com

April 29, 2004

18

Mary Ellen Chajkowski, Esquire
1000 Grandview Ave, #201
Pittsburgh, PA 15211

Re: **Steven Smith v. Consolidated Freightways**
SSN: 192-28-2964
Bureau Claim No. 658011
Our File No: CON-233

8. Have you returned to work? (A) (a) If so, on what date? _____ (b) If not, when do you expect to return to work? _____

IF PATIENT IS A DEPENDENT, COMPLETE LINES 9

9. Dependent's description:
   (a) Name _____ Relationship _____
   (b) Date of birth _____ Sex _____ Single ☐ Married ☐
   (c) Attending school full time? _____ Social Security No. _____
   (d) Was Dependent injured during course of any employment? _____

10. Are any other group benefits provided to you or your dependents for this disability? Yes ☐ No ☒
    (a) If your answer is "YES", please give the name of the Insurance Plan or Company _____

I hereby certify that the foregoing statements, including any accompanying statements are to the best of my knowledge and belief true, correct and complete, and I agree to refund any overpayment that may be made to me on this claim. I hereby authorize any physician, or any hospital, to furnish and disclose all known facts concerning this disability to the Fund Office. A copy or photocopy of this authorization shall be as valid as the original.

Date this Claim Form Signed 5-10-96

Employee's Signature _____ X

EMPLOYEE SIGN HERE

LOSS OF TIME SECTION – ACCIDENT OR SICKNESS

COMPLETE ONLY WHEN EMPLOYEE IS APPLYING FOR WEEKLY BENEFITS. THIS SECTION MUST BE COMPLETED BY EMPLOYER.

Date last worked 4-11-96 Has this claim been considered with Workmen's Compensation coverage? _____

Date returned to work _____ If "NO," what is present status? _____

_____ _____ _____

Date Signed (Signature of Employer) Phone #

THE ATTENDING PHYSICIAN MUST COMPLETE THE REVERSE SIDE OF THIS FORM
ITEMIZED BILLS MUST ACCOMPANY CLAIMS

STATEMENT OF CLAIM

RETURN THIS COMPLETED FORM TO:

TRUSTEES OF WESTERN PENNSYLVANIA TEAMSTERS & MOTOR CARRIERS WELFARE FUND

50 Penn Circle W. Pittsburgh, Pennsylvania 15206 Telephone: 363-2700

[redacted] EXHIBIT G

PENGAD 800-631-6989

IMPORTANT — Claims MUST Be Filed within 90 Days

Except: Loss of Time claims which must be filed within 20 days.

EMPLOYER COMPLETES IN ALL CASES Local Union No. 249

S.S. No. 192-25-2964

1. Name of Employee STEVEN SMITH Date of Birth
2. Home Address 843 LINDENWOOD DR PGH PA 15234 (No. and Street / City / State / Zone) Married ☐ Single ☐
3. Employed by CONSOLIDATED FREIGHTWAYS Occupation TRUCK DRIVER
4. Name of Spouse LYNDA R SMITH III Social Security No. [redacted]

Spouse Employed Yes ☐ No ☒ Occupation

Company Name Company Address

Group Hospitalization Group ID #

5. IF AN ACCIDENT WAS INVOLVED, ANSWER THE FOLLOWING:

(a) When did the accident happen? Date 2-28 19 91 at (hour) 530 a.m. / p.m.

(b) Was the injured person at work when the accident happened? Yes (Yes or No)

(c) Give a brief description of the accident Unloaded reefer

IF PATIENT IS THE EMPLOYEE, ALSO COMPLETE LINES 6, 7 AND 8

6. On what date were you first totally disabled by the sickness or injury? 4-12-91
7. On what date were you first treated by a physician? 4-12-91

On what date did you last work? 4-11-91

by Mr. Smith regarding his injury on February 28, 1996, as well as requests for pay and disbursements.

The Welfare Fund is a self-insured ERISA benefit plan, and all benefits paid directly reduce the assets of the Plan. To the extent some other party is obligated to pay for losses which the Welfare Fund paid on behalf of its participants, the Welfare Fund has subrogation rights, and it is the Fund's policy to pursue reimbursement for benefits paid.

Enclosed please find the records which you have requested. These records include a Subrogation Acknowledgment form signed by Steven Smith, in which he "agree[d] to reimburse Welfare Fund for benefits paid by the Welfare Fund from any recovery of money by settlement or verdict as a result of a claim against any person, insurance company, firm or corporation, as a result of the accident."

The enclosed records indicate that the Welfare Fund has a subrogation lien of $6,791.59, based on payments it made of $3,820.21 for Mr. Smith's medical benefits and $2,971.38 for his loss of time benefit. The medical benefits payment total of $3,820.21 includes the amounts set forth on the enclosed Accident Lien Report from Highmark Blue Cross Blue Shield and the Welfare Fund's Claims History Inquiry. The Accident Lien Report indicates that $1,754.61 was paid by the Welfare Fund on behalf of Mr. Smith, and the Claims History Inquiry lists various payments made by the Welfare Fund which amount to $2,065.60.

LAW OFFICES

WICK, STREIFF, MEYER, O'BOYLE & SZELIGO, P.C.

1450 TWO CHATHAM CENTER

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HENRY M. WICK, JR.
CHARLES J. STREIFF
CARL F. MEYER
DAVID M. O'BOYLE
VINCENT P. SZELIGO
BRENDAN R. DELANEY

May 31, 2005

Re: Western Pennsylvania Teamsters and Employers Welfare Fund - Steven Smith
Our File No. 341.239.96

Mary Ellen Chajkowski, Esq.
5510 Hobart Street
Pittsburgh, PA 15217

72

Dear Ms. Chajkowski:

My name is Brendan Delaney, and I am an attorney representing the Western Pennsylvania Teamsters and Employers Welfare Fund ("Welfare Fund"). I am writing in response to the letter you sent to the Trustees of the Western Pennsylvania Teamsters & Motor Carriers Welfare Fund (now known as the Western Pennsylvania Teamsters and Employers Welfare Fund), dated May 19, 2005. In the letter, you stated that you represent Steven Smith, and requested copies of documents signed

BRD/lk
Enclosures
cc: Welfare Fund Office

73

W:\BRD\2005\175-341.239.96.wpd

On the Claims History Inquiry, the Loss of Time payments made by the Welfare Fund have been marked with a check, and the medical payments made by the Fund have been marked with a star. For these medical payments, the total paid by the Welfare Fund includes the amounts found in the last three columns, "Maj. Med.," "Basic" and "Supp. Acc."

This letter, along with the Subrogation Acknowledgment form signed by Mr. Smith, will serve as notice to you and Mr. Smith that the Welfare Fund has a subrogation lien of $6,791.59, and that the Welfare Fund has the right of subrogation for any amounts received by Mr. Smith related to his injury on February 28, 1996. Let me know if you need anything else and please keep me updated on the status of the case.

74

Very truly yours,

WICK, STREIFF, MEYER,
O'BOYLE & SZELIGO, P.C.

Brendan Delaney

I have not had any trouble with my knee.

8 05 SS

. Do you expect to receive medical care? Provide names and addresses of all medical providers

. Have you had similar complaints or injuries in the past? If so, when? Who was the medical provider? no

EXHIBIT
10
PEIGLER-Exhibits, N. J.

he above information is true and correct to the best of my knowledge.

mployee Signature Steven L Smith Date 2-29-96 SS

I hereby authorize any physician, hospital, or agency to furnish information to the presenter of this document. My medical records, reports, or a copy of this document may also be used with my permission. This authorization remains valid until revoked by me.

Steven L Smith 2-29-96
Signature Date

omplete and send this
rm within 48 hours to:

Workers' Compensation Dept. (WCD)
P.O. Box 4670
Portland, OR 97208-4670

PERSONNEL FILE COPY

Employee Name Steven Smith 565 @ 3223 State PA

Component/Location Pgh PA Social Security No. 192-28-2964

Date of Injury/Illness 2-28-96 Hour 1st Shift @ C+C Tank

PLEASE ANSWER ALL QUESTIONS

1. Location of accident, e.g., door number, equipment number, address of customer Tank # 17 1030 C+C Lumberton Mississippi Unknown at this time

2. Names of witnesses or other people involved Gary at West Penn Power.

3. To whom did you repprt the incident? When? Frank Dietrich @ 11:00 Am

4. Description and weight of material involved Sealing chimney of Power

5. Describe what happened. How did accident occur? I was unaware that I was breathing fumes until I began unloading Tank of West Penn

6. What is the nature of your injury? Describe the body parts and nature of your complaints Nauseau; Lightheaded

L.1 HG III

DID INJURY OR DISEASE OCCUR BECAUSE OF →	32. MECHANICAL DEFECT ☒ NO ☐ YES (DESCRIBE ABOVE)	33. UNSAFE ACT ☒ NO ☐ YES (DESCRIBE ABOVE)	33. CHECK IF AMPUTATION ☐	LOCATION / INSURANCE / PAYMENT LA / COMPENSATION R
INJURY OR DISEASE	34. NATURE AND LOCATION OF INJURY OR DISEASE (DESCRIBE FULLY, INCLUDING PARTS OF BODY AFFECTED.) Contusions of Throat Muscles, Lightheadedness			
	37. ATTENDING PHYSICIAN AND ADDRESS (IF HOSPITAL INVOLVED- INDICATE)			

EXHIBIT B

RETAIN THIS COPY AS EMPLOYER RECORD OF INJURY OR DISEASE

EXHIBIT 11

WORKMEN'S COMPENSATION INSURANCE COMPANY AND ADDRESS
(Preprint or Stamp-Include Bureau Code)

CONSOLIDATED FREIGHTWAYS, INC.
WORKERS' COMPENSATION DEPARTMENT
POST OFFICE BOX 4670
PORTLAND, OREGON 97208
PHONE (503) 226-4692 • EXT. 2070

BUREAU CODE 721

Distributed by Albert L. Allen Company, Inc.
Workmen's Compensation Service
P.O. Box 1651, Harrisburg, Pa. 17105

6115-40 (7/85)

(EMPLOYER COPY)

BUREAU OF WORKERS' COMPENSATION
3607 DERRY STREET
HARRISBURG, PA. 17111
TELEPHONE 783-5421
LONG DISTANCE (TOLL FREE) 800-482-2383

OF OCCUPATIONAL INJURY OR DISEASE

EMPLOYER'S UC REPORTING NUMBER

INSURANCE POLICY NUMBER

DATES

1. DATE OF REPORT	2. DATE OF INJURY AND TIME	3. NORMAL STARTING TIME	4. IF EMPLOYEE BACK TO WORK GIVE DATE:	5. AT SAME WAGE?	DO NOT USE THIS COLU
2/28/96	2/28/96 1100 ☑ AM ☐ PM	0830 ☑ AM ☐ PM		YES ☑ NO ☐	

6. IF FATAL INJURY, GIVE DATE OF DEATH	7. DATE EMPLOYER KNEW OF INJURY	8. DATE DISABILITY BEGAN	9. LAST FULL DAY PAID - DATE	DATE
N/A	2-28-96			

EMPLOYER

10. EMPLOYER	11. PERSON MAKING OUT THIS REPORT	HOURS WO
CF MOTORFREIGHT	SAM SIANCATO	

12. ADDRESS - INCLUDE COUNTY AND ZIP CODE	13. EMPLOYER TELEPHONE NUMBER (INCLUDE AREA CODE)	REPORT L
73 McFarlane Ave Pittsburgh PA 15201 Allegheny Co	412-782-0071	

14. MAILING ADDRESS - IF DIFFERENT THAN ABOVE	15. NATURE OF BUSINESS - TYPE OF MFG., TRADE, CONSTRUCTION, SERVICE, ETC.	DISABILI
	FREIGHT TRUCKING	

EMPLOYEE

16. EMPLOYEE: FIRST	MIDDLE	LAST	17. NAME ☒ MALE ☐ FEMALE	18. EMPLOYEE TELEPHONE NUMBER (INCLUDE AREA CODE)	INDUSTR
STEVEN		Smith		412-343-7454	

19. ADDRESS - INCLUDE COUNTY AND ZIP CODE	20. MARRIED	21. NUMBER OF CHILDREN UNDER 18	SEX
843 Lindenwood Dr Pittsburgh PA 15234	YES ☒ NO ☐	0	

22. DATE OF BIRTH	23. AGE	24. IF UNDER 18, CERTIFICATE NUMBER	25. OCCUPATION FOR WHICH ISSUED	
4/28/37	60		TRUCK DRIVER	

26. OCCUPATION	27. DEPARTMENT OR DIVISION REGULARLY EMPLOYED	28. HOW LONG EMPLOYED	AGE
Same	CFMF	30 yrs	

OCCURRENCE

29. PLACE OF INJURY: EMPLOYER'S PREMISES	30. IF NO - EXACT LOCATION - STREET, CITY, COUNTY, AND STATE	OCCUPATIC
YES ☐ NO ☒	P+C Lumber Tarrs PA Fayette (Westmoreland) Co	

31. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC. IF USING TOOLS OR EQUIPMENT OR HANDLING MATERIAL - NAME THEM AND TELL WHAT HE WAS DOING WITH THEM.)

Backed into Dock to make Delivery of Freight. Opened Trailer Door. Breathed Fumes.

32. HOW DID INJURY OCCUR? (DESCRIBE FULLY THE EVENTS WHICH RESULTED IN INJURY OR DISEASE. TELL WHAT HAPPENED AND HOW IT HAPPENED. NAME ANY OBJECTS OR SUBSTANCES INVOLVED AND TELL HOW THEY WERE INVOLVED. GIVE FULL DETAILS ON ALL FACTORS WHICH LED OR CONTRIBUTED TO INJURY OR DISEASE.)

Breathing Fumes, Formica Adhesive Trichloroethane Solution.

COUNTY
ACCIDENT TI
OCCUPATIONAL D
UNSAFE AC
MECHANICAL DE
NATURE

THIS REPORT MUST BE CO

"LETED BY TYPEWRITER

11. SHIPPING PAPER/WAYBILL IDENTIFICATION NO. CF PRO# 384-048851

IV. HAZARDOUS MATERIAL(S) SPILLED (NOTE: REFERENCE 49 CFR SECTION 172.101.)

12. PROPER SHIPPING NAME 172.101 col. 2	13. CHEMICAL/TRADE NAME	14. HAZARD CLASS NUMBER 172.101 col. 3	15. IDENTIFICATION NUMBER (e.g. UN 2784, NA 2020) 172.101 col. 4
Formica Adhesive	Trichloroethane Solution	6.1	UN 2831

16. IS MATERIAL A HAZARDOUS SUBSTANCE? VERIFY 172.101 APPENDIX ☐ YES ☒ NO

17. WAS THE REPORTABLE QUANTITY MET? VERIFY 172.101 APPENDIX A OR B ☐ YES ☒ NO

V. CONSEQUENCES OF INCIDENTS, DUE TO THE HAZARDOUS MATERIAL

18. ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (Include units of measurement)	19. FATALITIES	20. HOSPITALIZED INJURIES	21. NONHOSPITALIZED INJURIES
Appox. 5 OZ	None	None	1

22. NUMBER OF PEOPLE EVACUATED

23. ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE, INCLUDING COST OF DECONTAMINATION OR CLEANUP (Round off in dollars)

A. PRODUCT LOSS	B. CARRIER DAMAGE	C. PUBLIC/PRIVATE PROPERTY DAMAGE	D. DECONTAMINATION/ CLEANUP	E. OTHER
$10.00	None	None	None	N/A

24. CONSEQUENCES ASSOCIATED WITH THE INCIDENT:
☐ SPILLAGE ☐ FIRE ☐ EXPLOSION ☒ VAPOR (Gas) DISPERSION ☐ ENVIRONMENTAL DAMAGE ☐ MATERIAL ENTERED WATERWAY/SEWER ☐ NONE ☐ OTHER:

VI. TRANSPORT ENVIRONMENT

25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED:
☐ TANK CAR ☐ RAIL CAR ☐ TOFC/COFC ☐ CARGO TANK ☐ AIRCRAFT ☒ VAN TRUCK/TRAILER ☐ NONE ☐ FLAT BED TRUCK/TRAILER ☐ SHIP ☐ OTHER: _____

26. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED:
☐ EN ROUTE BETWEEN ORIGIN/DESTINATION ☐ LOADING ☒ UNLOADING ☐ TEMPORARY STORAGE/TERMINAL

27. LAND USE AT INCIDENT SITE: ☐ INDUSTRIAL ☒ COMMERCIAL ☐ RESIDENTIAL ☐ AGRICULTURAL ☐ UNDEVELOPED

28. COMMUNITY TYPE AT SITE: ☐ URBAN ☒ SUBURBAN ☐ RURAL

29. WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? ☐ YES ☒ NO
IF YES AND APPLICABLE, ANSWER PARTS A THRU C.

A. ESTIMATED SPEED:	B. HIGHWAY TYPE:	C. TOTAL NUMBER OF LANES:
Parked	☐ DIVIDED/LIMITED ACCESS N/A ☐ UNDIVIDED	☐ ONE ☐ THREE N/A ☐ TWO ☐ FOUR OR MORE

SPA

FORM DOT F 5800.1 (Rev. 6/89) Supersedes DOT F 5800.1 (10.70) (9/1/76) THIS FORM MAY BE REPRODUCED

BL

08529-37 (6/97) Litho U.S.A.

THIS REPORT MUST BE COMPLETED BY TYPEWRITER

DEPARTMENT OF TRANSPORTATION
HAZARDOUS MATERIALS INCIDENT REPORT

Form Approved OMB No. 2137 0039

INSTRUCTIONS: Submit this report in duplicate to the Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, DC 20590. If space provided for any item is inadequate, complete that item under Section IX, keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Information Systems Manager, Office of Hazardous Materials Transportation. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

I. MODE, DATE, AND LOCATION OF INCIDENT

1. MODE OF TRANSPORTATION: ☐ AIR ☒ HIGHWAY ☐ RAIL ☐ WATER ☐ OTHER: _____

2. DATE AND TIME OF INCIDENT: (Use Military Time, e.g. 8:30am = 0830, noon = 1200, 6pm = 1800, midnight = 2400.) DATE: 2 / 28 / 1996 TIME: 11 am

3. LOCATION OF INCIDENT (Include airport name in ROUTE/STREET if incident occurs at an airport.)
CITY: Tarrs STATE: PA
COUNTY: Fayette ROUTE/STREET: _____

II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING

4. FULL NAME
CONSOLIDATED FREIGHTWAYS CORPORATION OF DELAWARE

5. ADDRESS (Principal place of business)
175 LINFIELD DRIVE
MENLO PARK, CA 94025-3799

6. LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER, REPORTING RAILROAD ALPHABETIC CODE, MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER. MC 42487

III. SHIPMENT INFORMATION (From Shipping Paper or Packaging)

7. SHIPPER NAME AND ADDRESS (Principal place of business)
Chemrex Inc.
Concord & Main
Mattawan MI 49071

8. CONSIGNEE NAME AND ADDRESS (Principal place of business)
O.C. Cluss
South Pennsylvania Ave.
Uniontown, PA 15401

9. ORIGIN ADDRESS (If different from Shipper address)
Same

10. DESTINATION ADDRESS (If different from Consignee address)
Same

MPLETED BY TYPEWRITER.

THIS REPORT MUST BE COMI

28

a. ☐ PUNCTURED	a. ☐ END, FORWARD	a. ☐
b. ☐ CRACKED	b. ☐ END, REAR	b. ☐ FITTING/VALVE
c. ☐ BURST/INTERNAL PRESSURE	c. ☐ SIDE, RIGHT	c. ☐ CLOSURE
d. ☐ RIPPED	d. ☐ SIDE, LEFT	d. ☐ CHIME
e. ☒ CRUSHED	e. ☒ TOP	e. ☐ WELD/SEAM
f. ☐ RUBBED/ABRADED	f. ☐ BOTTOM	f. ☐ HOSE/PIPING
g. ☐ RUPTURED	g. ☐ CENTER	g. ☐ INNER LINER
h. ☐ OTHER:	h. ☐ OTHER:	h. ☒ OTHER: Lid Popped

IX. DESCRIPTION OF EVENTS: Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.

2- 1 Gallon cans were placed on trailer that had lids that were not secured due to damage in transit. These were inside a box and shrink wrap was placed around the box. While driver was enroute to make first delivery of the day, appox 5 oz of this material splashed ont inside of box.

46. NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT	47. SIGNATURE	
Sam Stancato		
48. TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT	49. TELEPHONE NUMBER (Area Code)	50. DATE REPORT SIGNED
Supervisor	412-728-0471	3-1-96

SEND TWO COPIES AND ONE ORIGINAL TO VMS, MENLO PARK

VII. PACKAGING INFORMATION: If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package.

ITEM		A	B	C
30. TYPE OF PACKAGING, INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)		Fiberboard BX/ 1 Gal Pail		
31. CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)		1 Gallon		
32. NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER		2		
33. NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT		12		
34. PACKAGE SPECIFICATION IDENTIFICATION (3.g. DOT 17E, DOT 105A100, UN 1A1 or none)		UN2831		
35. ANY OTHER PACKAGING MARKINGS (e.g. STC, 16/18-55-88, Y1.4/150/87)		Directional		
36. NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER		Unk		
37. SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS		N/A		
38. TYPE OF LABELING OR PLACARDING APPLIED		6.1		
39. IF RECONDITIONED OR REQUALIFIED	A. REGISTRATION NUMBER OR SYMBOL			
	B. DATE OF LAST TEST OR INSPECTION			
40. EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E-1012)				

VIII. DESCRIPTION OF PACKAGING FAILURE: Check all applicable boxes for the package(s) identified above.

41. ACTION CONTRIBUTION TO PACKAGING FAILURE

	A	B	C		A	B	C	
a.	☐	☐	☐	TRANSPORT VEHICLE COLLISION	j.	☐	☐	☐	CORROSION
b.	☐	☐	☐	TRANSPORT VEHICLE OVERTURN	k.	☐	☐	☐	METAL FATIGUE
c.	☐	☐	☐	OVERLOADING/OVERFILLING	l.	☐	☐	☐	FRICTION/RUBBING
d.	☐	☐	☐	LOOSE FITTINGS, VALVES	m.	☐	☐	☐	FIRE/HEAT
e.	☐	☐	☐	DEFECTIVE FITTINGS, VALVES	n.	☐	☐	☐	FREEZING
f.	☐	☐	☐	DROPPED	o.	☐	☐	☐	VENTING
g.	☒	☐	☐	STRUCK/RAMMED	p.	☐	☐	☐	VANDALISM
h.	☐	☐	☐	IMPROPER LOADING	q.	☐	☐	☐	INCOMPATIBLE MATERIALS
i.	☐	☐	☐	IMPROPER BLOCKING	r.	☐	☐	☐	OTHER: _____

42. OBJECT CAUSING FAILURE

	A	B	C	
a.	☒	☐	☐	OTHER FREIGHT
b.	☐	☐	☐	FORK LIFT
c.	☐	☐	☐	NAIL/PROTRUSION
d.	☐	☐	☐	OTHER TRANSPORT VEHICLE
e.	☐	☐	☐	WATER/OTHER LIQUID
f.	☐	☐	☐	GROUND/FLOOR/ROADWAY
g.	☐	☐	☐	ROADSIDE OBSTACLE
h.	☐	☐	☐	NONE
i.	☐	☐	☐	OTHER: _____

43. HOW PACKAGE(S) FAILED

A	B	C
—	—	—

44. PACKAGE AREA THAT FAILED

A	B	C	
☐	☐	☐	TOP, FORWARD

45. WHAT FAILED ON PACKAGE(S)

A	B	C	
☐	☐	☐	BASIC PACKAGE MATERIAL

82

Safety/Health: Health Close Conference: 06/19/1996

Close Case: 06/19/1996

Related Activity: Type	ID	Date	Safety	Health
Complaint	075010371	03/01/1996	Yes	

	Violation Summary					
	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	4			1		5
Current Violations				2		2
Initial Penalty	7000.00					7000.00
Current Penalty	500.00					500.00
FTA Amount						

83

Violation Items

	ID	Type	Standard	Issuance	Abate	Curr$	Init$	Fta$	Contest	Lastl
Deleted	1 01001A	Serious	19100178 P01	04/02/1996	04/15/1996	1500.00	1500.00	0.00		I-Informal
	2 01001B	Other	19100178 A06	04/02/1996	04/15/1996	0.00	0.00	0.00		I-Informal
Deleted	3 01002A	Serious	19101200 B04 II	04/02/1996	04/15/1996	1500.00	1500.00	0.00		I-Informal
Deleted	4 01002B	Serious	19101200 F05 I	04/02/1996	04/08/1996	0.00	0.00	0.00		I-Informal
Deleted	5 01003A	Serious	19100030 A03	04/02/1996	04/15/1996	1500.00	1500.00	0.00		I-Informal
	6 01003B	Serious	19100178 N11	04/02/1996	04/15/1996	500.00	0.00	0.00		I-Informal
	7 01004	Other	19100178 L	04/02/1996	05/31/1996	0.00	2500.00	0.00		I-Informal
	8 02001	Other	19101030 G02 VIII	04/02/1996	04/15/1996	0.00	0.00	0.00		

3705040124

U.S. Department of Labor
Occupational Safety & Health Administration

www.osha.gov [skip navigational links] Search | Advanced Search | A-Z

Establishment Search Inspection Detail -- Public View

Settlement sheet

Definitions

Inspection: 122677255 - Cf Motor Freight, Inc.

Inspection Information - Office: Pittsburgh
Nr: 122677255 Report ID: 0317500 Open: 03/06/1996
Cf Motor Freight, Inc. 73 Mccandless Avenue Pittsburgh , PA 15201 Union Status: Union SIC: 4231/Trucking Terminal Facilities
Inspection Type: Complaint Scope: Partial Advance Notice: N Ownership: Private Saf ty/H alth: H alth Close Conference: 03/19/1996

58

Supreme Court, U.S.
FILED
OCT 20 2005
OFFICE OF THE CLERK

APPENDIX III

No. 05-4

In The

Supreme Court of the United States

STEVEN SMITH,
Commercially licensed driver/employee,

Petitioner,

v.

CONSOLIDATED FREIGHTWAYS, INC.,
Common carrier/self-insured employer,

Respondent.

On Petition for Rehearing
To the Supreme Court of the United States

Petition for Rehearing

Mary Ellen Chajkowski, Esq.
Petitioner's Counsel of Record
Pennsylvania ID# 86611
5510 Hobart Street
Pittsburgh, PA 15217

412-904-2222

APPENDIX II
TABLE OF CONTENTS

Page

May 6, 1996, Respondent Notice of Denial.....85

May 12, 1996, Petitioner Claim Petition 87

July 7, 1996, Respondent's Answer.....91

July 25, 1996, Hearing Transcript 99

September 24, 1996, Petitioner's Treating Physician.....139

October 26,1996, Respondent's Expert Report.....145

November 13, 1996, Hearing Transcript 133

ORDER [*See* Appendix I – p.11]
AND NOW, this 15th day of October,1997,
the claimant's claim petition is dismissed.
No items in the bill of costs are payable.
No attorney fees are payable.
/s/Kathleen Vallely, Workers' Compensation Judge.

October 29, 1997, Petitioner's Appeal from Order.....95

October 29, 1997, Review Medical Treatment.....97